10/23/2008 14:58 Image# 28934076943

48 HOURS NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.					
1. NAME OF COMMITTEE IN FUL	_L				
Bill Shuster for Congress					
ADDRESS (number and street)					
PO Box 27					
CITY, STATE, and ZIP CODE					
Hollidaysburg	PA			16648	
2. NAME OF CANDIDATE	3.OFFICE	SOUGHT (State and Distr	ict)	
William F Shuster		House	PA	09	
Any information copied from such Reports and State for commercial purposes other than using the name		4. FEC IDENTIFICATION NUMBER			

SIGNATURE(Optional) Frederick A Ciocca		DATE 10/23/2008	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		
					FEC FORM (

(Revised 1/2001)

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FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS

(continuation page)

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

Name of Individual, Organization, or Corporation

Bill Shuster for Congress

Full Name, Address, an	d ZIP Code		Name of Employer	Date (month,	Amount Received
Brian L Mellott			H.B. Mellott Estates Inc	day, year)	this Period
951 The Terrace.				10/23/2008	2300.00
Hagerstown	MD	21742	Occupation Executive		
Full Name, Address, an	d ZIP Code		Name of Employer	Date (month,	Amount Received
Herman B Mellott			HB Mellott Estate Inc	day, year)	this Period
100 Mellott Dr				10/23/2008	2000.00
Warfordsburg	PA	17267	Occupation Vice President-Operations		
Full Name, Address, an	Full Name, Address, and ZIP Code		Name of Employer	Date (month,	Amount Received
Paul C Mellott, Jr.			Mellott Company	day, year)	this Period
13220 Fountainhead R	oad			10/23/2008	1300.00
Hagerstown	MD	21742	Occupation Chairman & CEO		
Full Name, Address, and ZIP Code		Name of Employer	Date (month,	Amount Received	
M.B. and S.M. Krentzm	nan		None	day, year)	this Period
PO Box 508				10/23/2008	1000.00
Lewistown	PA	17044	Occupation		
LOWIGIONIII	171	170	None		

TOTAL THIS PERIOD (last page only)

6600.00